



VETERINARIAN INITIAL LICENSE APPLICATION

Initial Licensing Fee Information

The Board must have clearances from both the DOJ and FBI prior to issuing a permanent license. Fingerprinting can only be done at a California Livescan location. Please refer to the *Livescan Fingerprinting Instructions* on the Board's website at vmb.ca.gov.

The Veterinary Medical Board utilizes a biennial birth date renewal system. The month in which you were born determines the month in which you will renew. The year in which you were born determines whether your regular renewal date will be due in an odd or even year. If you were born in April of an even year, you will always have an April, even year expiration date. The number of months in between your initial license payment and your first renewal date determines your fee.

There are two (2) possible initial licensing fees:

- If there is less than a year (1 to 11 months) between the date you pay your fee and your first renewal date, the fee is: \$145.00
- If there is a year or more (12 to 24 months) between the date you pay your fee and your first renewal date, the fee is: \$290.00

Birth Month	Birth Year	Date Initial Fee Paid	First Renewal Date	Months Between Initial Fee And Renewal Date	Fee
April	1972	7/1/10	4/30/12	22	\$290.00
April	1973	7/1/10	4/30/11	10	\$145.00

Please make check or money order payable to "VMB" and mail to: 1747 N. Market Blvd., Suite 230, Sacramento, CA 95834.

PLEASE ALLOW 3 WEEKS FOR PROCESSING. For questions regarding your initial registration fee, contact the VMB at (916) 515-5220.

To verify whether your license has been issued visit our web site at vmb.ca.gov.

-----Detach Here-----

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Please complete the information below and indicate how you wish your name to appear on your license. **PLEASE PRINT**

NAME _____

BUSINESS NAME _____

ADDRESS _____

Disclosure of your United States Social Security Number is **mandatory**. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA(c) (2) (C)) authorize collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes and for purposes of compliance with any judgment or order for family support in accordance with section 11350.6 of the Welfare and Institutions Code. If you fail to disclose your social security number, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

SOCIAL SECURITY NUMBER _____

You may provide your place of employment or post office box in lieu of a home address. Your address is public information and available on the VMB website

BIRTH DATE _____

PHONE _____

COLLEGE _____

GRADUATION DATE _____

APPLICANT SIGNATURE - required

----- (OFFICE USE) -----

CASHIERING # _____

VET LICENSE # _____

ISSUE DATE _____

EXP. DATE _____